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<b>SERIAL NUMBER</b> 10/712,546	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 07189.0028.CPUS02
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/427,768 04/30/2003 which is a CIP of PCT/US02/21524 07/09/2002  
 which claims benefit of 60/304,313 07/09/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

02/23/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 8
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**ADDRESS**

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**TITLE**

Methods and compositions with trans-clomiphene for treating wasting and lipodystrophy

<b>FILING FEE RECEIVED</b> 981	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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